

Logic Model: Nebraska Abstinence Education Program FY 2010

Goals: (1) Nebraska adolescents are healthy, safe and productive. (2) State and community environments are supportive of adolescents.

Challenges: High rates of births and STDs among the state's African American and Hispanic teens, insufficient abstinence programming within the state's western communities, graduation rates at or below 75% within the state's metropolitan and Tribal communities,

Assumptions: Youth ages 10-14 who receive abstinence education are better equipped to avoid risk behaviors and adopt a healthy lifestyle as they become older teens.

INPUTS (Resources)	Activities	OUTPUT (Process Objectives)	OUTCOMES – IMPACT		
			Short	Intermediate	Long-Term
1. Current NE DHHS comparable public health programming and experience. 2. Stakeholder experience in abstinence or related field. 3. National evidence-based or promising practices curriculum and program models. 4. Federal funding allocated to address teen pregnancy and STDs through abstinence education.	1. RFP seeking sub grant applicants. 2. Sub grantee(s) selection 3. Program delivery to identified target population(s) within identified locations. 4. Training and technical assistance provided to sub grantee(s).	1. By January 3, 2011 RFP for sub grant(s) developed and executed. 2. By March 1, 2011 one to three project sub grantees are identified and implemented. 3. By June 1, 2011, sub grantee(s) and partnering agencies/organizations are trained in the identified abstinence education curriculum. 4. By September 30, 2011, abstinence education programs are implemented within a minimum of 5-8 targeted counties.	1. Increased awareness and knowledge among youth of the importance of abstaining from sexual and other risk behaviors. 2. Youth receive health information needed to make informed decisions. 3. Youth residing in counties identified as "at risk" have access to program information and services. 4. Providers and youth workers incorporate program models into their practice settings.	1. Increase in healthy behaviors among youth ages 10-14. 2. Increased number of youth within racial and ethnic minority populations practice abstinence from sexual activity. 3. Youth ages 14-19 have developed goals and plans to complete school. 4. State and community providers and stakeholders collaborate in planning and program implementation.	1. Reduced occurrence of risk behaviors (ATOD/Sexual activity) among targeted youth aged 10-14. 2. Reduced birth and STD rates among targeted youth as they reach ages 15-19. 3. Increased rates of school retention and graduation. 4. Comprehensive system versus categorical funding program delivery.